

State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80. REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004, WILL BE ASSESSED A \$50.00 LATE FEE.

Effective Date: 03/11/2004 Business ID: 394702 William M. Gardner Secretary of State 200407111126

Filed

| REDICHECK NORTH, LLC | | | | | |
|----------------------|--|--|--|--|--|
| 32 MILL ROAD | | | | | |
| HAMDTON NH 02942 | | | | | |

| REDICHECK NORTH, ELC | | | ADDRESS OF PRINCIPAL OFFICE: | | | |
|--|--|---------------------------------------|---|---|--|--|
| 32 MILL ROAD | | | 32 MILL ROAD | | | |
| HAMPTON, NH 03842 | | | | | | |
| :: | ENTITY TYPE: LLC | | HAMPTON, NH 03842 | | | |
| | BUSINESS ID: 394702 | : | REGISTERED AGENT AND OFFICE: | | | |
| | | | JOSEPH S. EGGLESTON | | | |
| | STATE OF DOMICILE: NH | | | | | |
| | FEDERAL ID: 100002675 | | 86 HIGH STREET | | | |
| | CONSULTING SERVICES | | HAMPTON, NH 03842 | | | |
| | | | | | | |
| If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information. | | | | | | |
| 2 | The new mailing address The new principal office address PO Box is acceptable. | | | | | |
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| | | | | | | |
| MANAGERS MEMBERS | | | | | | |
| | NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). | NAME A | AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). | В | | |
| | LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT A | MUST | LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS Charles J. Navin | D | | |
| | NAME | IVAIVIE | *************************************** | • | | |
| | STREET | STREET | 32MillRoad | • | | |
| £4 | CITY/STATE/ZIP | CITY/STATE/ZIP Hampton, NH 03842 NAME | | | | |
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| 3 | CITY/STATE/ZIP | | | | | |
| | NAME | NAMESTREETCITY/STATE/ZIP | | • | | |
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| # 14 20 FB | NAME | NAME | NAME | | | |
| | STREET | STREET | | • | | |
| 1,1 | CITY/STATE/ZIP CITY/STATE/ZIP | | | | | |
| NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED | | | | | | |
| ا پر پا | To be signed by the Manager if no man | nager must h | e signed by a member | | | |
| | To be signed by the Manager, if no manager, must be signed by a member. I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief. | | | | | |
| | | | | | | |
| 4 | | | | | | |
| | Sign here: Mun a | | | | | |
| Please print name and title of signer: Charles J. Navin / Member | | | | | | |
| | NAME |) | TITLE | | | |
| | | | | | | |
| | REPORT FEE IS: \$100.00 E-MAIL ADDRESS (OPTIONAL): | | | | | |
| | I IZBUL BOLZE MILE IZMU BIBLI IZBU GRUB MEZE MEN BUNG ZUM BURU IZMU BIBLI BENE MEN BIBLI IZMU | | | | | |

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: